Financial Policy

Thank you for choosing our office for your wellness services. This statement is to inform you of your financial policy. We are committed to providing you with the highest quality of care. We wish to inform you of our office policy in this regard. Our financial policy is intended to facilitate excellent service specific to your treatment while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. As a courtesy to all of our insured patients, we will file your service insurance claim forms. We ask that you pay any deductible and co-payment if either apply, which is the estimated patient portion or amount not covered by your insurance carrier at the time of service. We emphasize this is only an **estimate** and all charges you incur are your responsibility. Insurance companies have a wide variety of rules, plan limitations, and exclusions that our office may not be aware of. Not all services are covered benefits in all contracts. *It is your responsibility to thoroughly understand the coverage and expectations of your particular policy.* Your claim will be filed immediately and benefits are expected to be paid within 30-45 days. If the claim is not cleared in 60 days, the unpaid portion will automatically become "self-pay" and a statement will be issued. You are responsible for amounts not paid by your insurance company chooses not to pay.

Initial to acknowledge you understand each item listed below:

_____ I have read and understand by responsibility. If my insurance company does not pay my claim I will pay for the service.

_____ I understand that a deductible and/or coinsurance may apply and I am responsible to personally pay that amount.

_____ I have not called my insurance company, or I'm unsure of my benefits. I would prefer to pay for this service out of pocket at the cash rate - $85. I ask that West Seattle Wellness submit a claim for this service and if the claim is paid, I will have a credit of $85 to apply toward and co-pays or out of pocket expenses.

Signature Date